



# Setting the Scene: MSM HIV in Eastern and Southern Africa

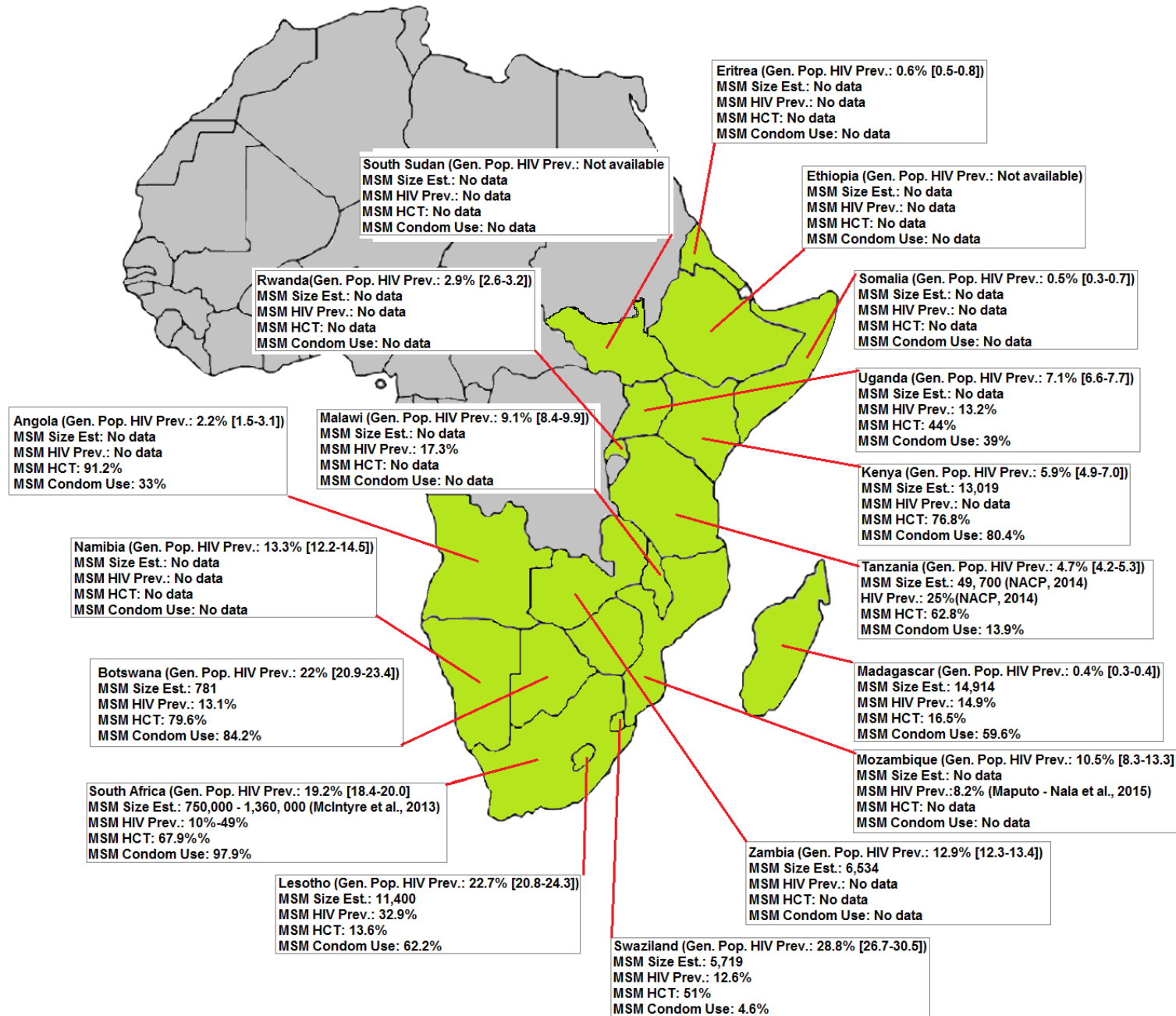
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# HIV Epidemiology and Size Estimates in Southern and East Africa

“Sub-Saharan and east Africa is dominated by a generalised HIV epidemic, driven by heterosexual transmission, in which young women are most vulnerable. However, the high-risk populations known worldwide such as MSM and transgender people, are not less at risk in this situation and instead represent micro-epidemics that exist within the generalised problem”

(Bekker & Kanyembe, 2017)



# HIV Epidemiology and Size Estimates in Southern and East Africa cont.

- Implausibly low MSM size estimates or no size estimates are reported by a significantly larger proportion of countries that criminalise same-sex behaviour:
  - Size estimates are often used as the denominators for national HIV coverage reports
  - May contribute to official denial of the existence of MSM

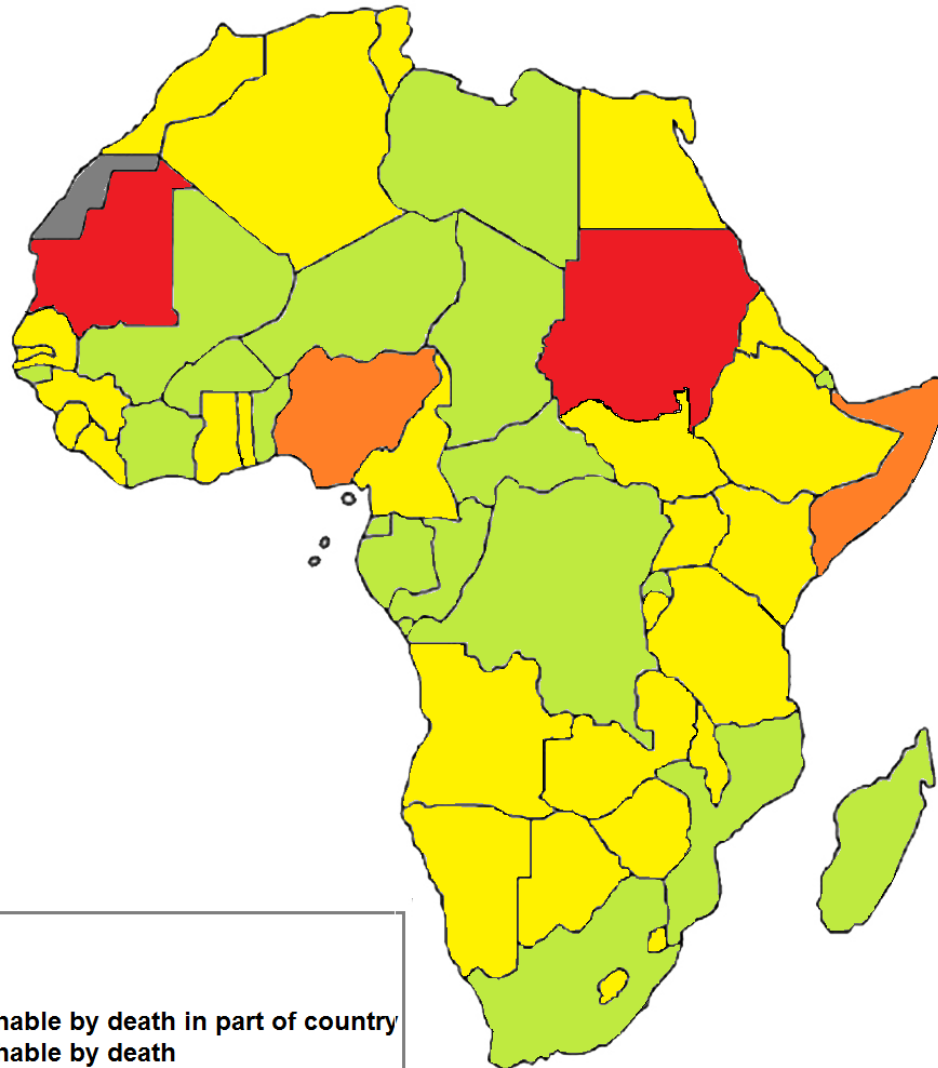
# HIV Epidemiology and Size Estimates in Southern and East Africa cont.

- MSM are marginalised and reluctant to be studied in countries where same sex-behaviour is criminalised (Davis et al., 2017)



*Photo courtesy of  
AIDS Alliance*

# Legality of Homosexuality in Africa



KEY	
Light Green	Legal
Yellow	Illegal
Orange	Illegal, punishable by death in part of country
Red	Illegal, punishable by death
Grey	No data available

(Becker, 2014)

# Impact of Legalisation on Health Seeking Behaviour and Access

- MSM have disproportionately high burdens of HIV infection” linked in part to “a marked increase in anti-gay legislation in many countries (Beyrer et al., 2016)
- Punitive laws criminalizing behaviour of key populations impede MSMs access to HIV services (Davis et al., 2017)
- Health seeking behaviour of MSM is severely hindered by fear of discrimination and persecution, particularly in contexts where same-sex behaviour is highly stigmatised and/or criminalised” (Gillespie et al., 2017)

# MSM have a universal right to health

- MSM are one of the most vulnerable and stigmatised groups in the ESA region (UNAIDS, 2016)
- This is fuelled by myth that homosexuality is ‘unAfrican’ and that homosexuality is a Western concept sweeping across Africa is deeply entrenched, despite evidence supporting the existence of same-sex behaviour before Africa was colonised (Stephenson et al., 2014)
- Until governments make a greater effort to protect the basic human rights of MSM and other sexual minorities they cannot hope to improve the healthcare situation for these marginalised groups (Chinele, 2017)



# The Need for Scaled-Up and Appropriate Services: Public Health Arguments

- Efforts to meet the UNAIDS 2030 HIV eradication target will not be met if legal and social structures continue to trump public health initiatives
  - Legal and social structural barriers are complex, as their impact on healthcare is often indirect and their presence due to underlying cultural, religious or social norms.

“Without a population in good health little can be done to advance other human rights or shift social norms”

“HIV positive people who are not virally suppressed also have a higher chance of transmitting HIV”

“The deficiency of resources, particularly in low- and middle- income countries, is concerning but difficult to accelerate.”

“From a public health perspective, however these are essential to overcome for such structures fundamentally alter the environment in which healthcare is accessed and as a result how effective it can be. This is especially the case for vulnerable populations.”

# Health Needs of MSM

- Sexual and reproductive health needs of MSM include:
  1. HCT services and treatment for HIV
  2. STI screening and treatment
  3. Condoms with compatible lubricants
  4. Information and education on correct condom use and other forms of prophylaxis, such as dental dams
  5. Medical male circumcision
  6. Access to PrEP

(Gillespie et al., 2017; UNAIDS, 2016)

# Health Needs of MSM cont.

- General health needs of MSM include:
  1. Mental health services
    - MSM experience a higher prevalence of mental health conditions compared to their heterosexual counterparts including anxiety, depression, low self-esteem and internalised homonegativity
  2. Alcohol or substance use support
  3. Medical treatment in response to abuse or violence
    - Many examples of homophobic violence toward MSM
      - In 2011, David Kato, a Ugandan gay rights activist bludgeoned to death in his home in Kampala (Biruk, 2015)

(Gillespie et al., 2017)

# Commitment and Services Dedicated to MSM Despite Criminalisation of Same-Sex Behaviour

- Inclusion of MSM as a key population in National Strategic Plans for the prevention and spread of HIV in many African countries including Kenya, Malawi, Namibia, South Africa, Tanzania, Uganda etc.
  - 17 of the 18 countries in the ESA region identify MSM as a key population (UNAIDS, 2016)
- Integration of PrEP
- Service delivery by NGOs

# Commitment and Services Dedicated to MSM Despite Criminalisation of Same-Sex Behaviour: Positive Steps Malawi as an Example

## HEADLINE

Malawi to  
halt prosecution against  
LGBTI community  
(Chinele, 2017)

Access to health care among LGBT people in Malawi has improved somewhat since CEDEP began training health workers in early 2016.

(Kaliza, 2017)

"We are now being directed to those that have been trained on how to deal with marginalized groups," (Gay man from Malawi)

"Malawi says it will no longer enforce anti-homosexuality laws but dangerous homophobia persists on the country's streets - and in its clinics" (Chinele, 2017)



Billboard in Malawi promoting sexual minority acceptance  
(Chinele, 2017)

# Commitment and Services Dedicated to MSM Despite Criminalisation of Same-Sex Behaviour: Negative Steps Tanzania as an Example

## Headline

**People With HIV Are Panicking  
Due To Tanzania's Crackdown  
On Gays**  
(Fallon, 2017)

In February, the government banned 40 private drop-in health centers from providing services for HIV/AIDS to "key populations" — a category that includes gay men, transgender people and sex workers.

"It was established that the centers were promoting homosexuality, which is against Tanzania's laws."  
(Health minister Ummu Mwalimu - stated at a press conference)



Dr. Kigwangalla, H. @HKigwangalla · Mar 4

The laws of our land, our culture, customs and traditions are against the #LGBT and NOT just 'me', as HK! ITS A COUNTRY ISSUE, not HK issue

Linus Jamal Faustin @ljfaustin

Says a guy who is against the LGBT Community 🏳️🌈🏳️🌈  
[twitter.com/hkigwangalla/s...](https://twitter.com/hkigwangalla/s...)

8

4

8

"I'm getting worried if they know I'm transgender they will refuse to give me medicine,"  
(Shadya, transgender woman)

# The unfinished research agenda: Upcoming Presentations

- PrEPPing for PrEP  
(Dr Kevin Rebe - Anova Health Institute)
- Service delivery models and approaches  
(Gavin Reid - International HIV/AIDS Alliance)
- Addressing MSM health needs: the experience of the Anova Health Institute  
(Dr Andy Tucker, David Motswagae, Prof James McIntyre) –  
Anova Health Institute)
- Best practice models in more challenging ESA landscapes  
(Peter Njane, Dennis Wamala, Gift Trapence)

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